
Full Name of Party Submitting this Document

Mailing Address (Street or Post Office Box)

City, State, and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

In the Matter of

_____,

DOB: _____
a Minor.

Case No.: _____

ORDER RE APPOINTMENT OF
ATTORNEY OR
GUARDIAN AD LITEM

The Court in the above titled case, pursuant to Idaho Code 15-5-207(d), finds:

☐ 1. appointment of an attorney or guardian ad litem for the minor is not necessary to
serve the best interests of the minor; or

☐ the Idaho department of health and welfare has legal custody of the minor; or

☐ 2. The court appoints _____

_____ to serve as ☐ attorney ☐ guardian ad litem for the minor child in this case. The appointment
shall continue throughout the duration of the case until the Court orders otherwise.

DATE: _____

MAGISTRATE

CLERK'S CERTIFICATE OF SERVICE

I certify I served a copy of this Order:

Name: _____ [] By Hand-delivery

Address: _____ [] By Mailing

City, State, Zip: _____ [] By Fax

Name: _____ [] By Hand-delivery

Address: _____ [] By Mailing

City, State, Zip: _____ [] By Fax

Name: _____ [] By Hand-delivery

Address: _____ [] By Mailing

City, State, Zip: _____ [] By Fax

Date: _____

Deputy Clerk